

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09034422

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51		/	101
2	/						52		/	
3	/						53		/	
4		/					54		/	
5		/					55		/	
6		/					56		/	
7		/					57		/	
8		/					58		/	
9		/					59		/	
10		/					60		/	
11		/					61		/	
12		/					62		/	
13		/					63		/	
14		/					64		/	
15		/					65		/	
16		/					66		/	
17		/					67		/	
18		/					68		/	
19		/					69		/	
20		/					70		/	
21		/					71		/	
22		/					72		/	
23		/					73		/	
24		/					74		/	
25		/					75		/	
26		/					76		/	
27		/					77		/	
28		/					78		/	
29		/					79		/	
30		/					80		/	
31		/					81		/	
32		/					82		/	
33		/					83		/	
34		/					84		/	
35		/					85		/	
36		/					86	/	/	
37		/					87	/	/	
38		/					88	/	/	
39		/					89	/	/	
40		/					90	/	/	
41		/					91	/	/	
42		/					92	/	/	
43		/					93	/	/	
44		/					94	/	/	
45		/					95	/	/	
46		/					96	/	/	
47		/					97	/	/	
48		/					98	/	/	
49		/					99	/	/	
50		/					100	/	/	
TOTAL IND.	3						TOTAL IND.	4		
TOTAL DEP.	47						TOTAL DEP.	46		
TOTAL CLAIMS	50						TOTAL CLAIMS	50		